

Nutrition and WIC Update

“Treating Tobacco Use During Pregnancy and Beyond” Workshops

Becky Tuttle, Outreach Coordinator, Tobacco Use Prevention Program

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Quitting smoking is one of the most important things a woman can do to improve the outcome of her pregnancy. The Kansas Department of Health and Environment, Tobacco Use Prevention Program, will sponsor 10 workshops across Kansas to address tobacco use among pregnant women. These workshops will provide health care professionals with information regarding tobacco use during pregnancy, and tools and techniques that can be implemented into a busy practice to promote tobacco cessation.



Between 12-13 percent of women smoke during pregnancy in Kansas and only 18-25 percent of all women quit smoking once they become pregnant. Successful treatment of tobacco dependence can achieve a 20 percent reduction in low-birth weight babies, a 17 percent decrease in preterm babies, and an average increase in birth weight of 28 grams.

Workshop facilitator Monica Scheibmeir, RN, PhD, Assistant Professor at the University of Kansas School of Nursing, will provide information regarding the “5 A’s” approach to tobacco cessation in a clinical setting, discuss the use of nicotine replacement therapy during pregnancy, and advise health care providers how to actively refer pregnant smokers to cessation services, including the Kansas Tobacco Quitline (**1-866-KAN-STOP**).

Continuing Education Credits will be offered to physicians and nurses who attend the workshop. No registration fee will be charged, however, pre-registration is required to attend. Workshops will be offered September 9 in McPherson; September 12 in Wichita; September 26 in Chanute; October 7 in Lawrence; October 17 in Topeka; October 27 in Hays; October 28 in Garden City; and November 18 in El Dorado. For more information or to receive registration materials, please contact the University of Kansas Medical Center, Area Health Education Center, at 620-235-4040.

KWIC Question and Answer

Q – I keep getting the error message “Change Tray One – Plain Paper” on our ST9325 check printer. What causes this?

A – This error is caused when the paper stop at the back of the paper tray is not tight against the check stock. The fix is to remove the tray, look at the paper stop, and realign it so that the arrow is pointing exactly at the LTR indicator on the right side of the tray. This was a common occurrence at the time the printers were originally installed, but the paper stop can be jiggled out of position also while changing paper or toner.

Upcoming Nutritional Risk Factor Changes

Sandy Perkins, Maternal and Child Nutrition Consultant

Some major changes in the anthropometric risk factors for infants and children are coming October 2005. The biggest change involves using an adjusted gestational age instead of the chronological age to assess the growth for all premature infants and children (up to age 2). Premature infants usually fall in the lower percentiles before adjusting for gestational age.

Gestational age is usually estimated during the prenatal period using maternal dates of expected delivery based on last menstrual period, and/or certain fetal characteristics. For a variety of reasons, these estimates may be inaccurate. Gestational age can also be estimated postnatally by scoring the physical and neurological signs. Ideally, more than one method is used to determine gestational age. The gestational age can be self-reported by the mother or caregiver or referral information from the medical provider may be used.

Adjusted gestational age is calculated as follows: First subtract the infant's actual gestational age in weeks from 40 weeks to determine the adjustment for prematurity in weeks. Then subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestation-adjusted age. For example, Randy was born prematurely on March 19, 2005. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11, 2005, clinic visit, his chronological postnatal age is 12 weeks. What is his gestation-adjusted age?

40 weeks - 30 weeks gestational age = 10 weeks adjustment for prematurity
12 weeks old – 10 weeks adjustment for prematurity = two weeks adjusted gestational age
His measurements should be plotted on a growth chart as a two-week-old infant

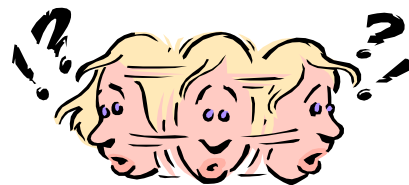
The KWIC system will automatically calculate the adjusted gestational age for all premature infants and children who were measured using a recumbent length. Infants and children with a gestational age of less than or equal to 37 weeks entered on the custom tab are considered premature. Both the actual age and the adjusted gestational age will be plotted on the Length/Age and the Weight/Age graphs and the risk factors will be based on the adjusted age percentile.

Since CDC does not recommend the use of the 2000 CDC Growth Charts for infants who have not reached the equivalent age of 40 weeks gestation, the Length/Age and the Weight/Age graphs will not be plotted and growth risk factors will not be assessed for infants who have not yet reached the equivalent age of 40 weeks gestation. For counseling purposes, they may be assessed for growth using a growth chart for low birth weight (LBW) or very low birth weight (VLBW) infants consistent with the protocols of your local medical community.

For healthy premature infants, there is minimal catch-up growth after 2 years. Furthermore, once these children are measured using a standing height, their growth measurements are plotted on the 2 to 20 years growth charts, which make it convenient to stop adjusting for gestational age. Once gestational age is not accounted for, they may drop in percentile ranking. As long as the rate of growth continues upward, staff should be cautious when counseling the parent/caregiver to not raise undue concern over the child's percentile ranking.

Are You Who You Say You Are?

Martha Hagen, WIC Program Consultant



The identity of each applicant or client and caregiver must be documented for each WIC certification or transfer. In KWIC using the custom tab, WIC staff use a drop down box to select the proof of identity seen for each client and caregiver. The following items may be selected as proof of identity in KWIC:

| | |
|---------------------------|--|
| Drivers License | Hospital Bracelet |
| Passport | Individual Tax Payer Identification Card |
| Medicaid Card | Photo ID Card |
| Immunization Card | Green Card |
| Birth Certificate | Foster Care/Adoption Papers |
| Kansas WIC ID Folder/Card | Other Documentation |
| Personal Knowledge | |

The same list is used to document proof of identity for an adult and for a child or infant. Care must be used to select the appropriate identification proof for the client. For example, a driver's license should never be selected as proof of identity for a child or infant.

The Kansas WIC ID Folder/Card and "personal knowledge" cannot be used as proof of identity for a new applicant. They should be used only as a proof of identity for subsequent certifications. "Personal knowledge" is defined as personal recognition by WIC staff. The Kansas WIC ID Folder, signed appropriately, can only be used as identification for an adult client or for a caregiver and should never be used as identification for a child or infant. "Other documentation" refers to documents that clinic staff believe reasonably prove identity. Documentation from another program within the county or health department showing the client's identity might be acceptable as other documentation. "Other documentation" might also include a high school or college picture ID. Staff should determine the acceptability of the document as proof of identity. A note should be included on the custom tab as to what "other documentation" was used. Social Security cards may not be used as proof of identity.

Using "Self Declared" is another option for documentation of proof of identity but should be rarely used. "Self Declared" should ONLY be used if a client does not have any documentation items listed above to use as a proof and should NEVER be used because the client forgot the documentation. If the client has no documentation to prove identity, "Self Declared" may be used. KWIC generates a Self Declaration of Identity form that must be completed and signed by the client. A WIC Staff person must also sign the form.

If proof of identity for the caregiver or the child or infant is available but forgotten, the client can be certified and checks issued for one month without any proof selected. KWIC will not allow more checks to be printed until the proof is documented. The proof can be brought by the client to the clinic. The remaining checks will be issued when the proof is submitted. The appointment letter for the next month should include a reminder to bring proof of ID.

Documentation of identity is required when a client transfers to a clinic. After a client is transferred from another Kansas WIC clinic (in-state transfer), the Follow Up Wizard should be opened for the client and proof of identity selected for the WIC client and for the caregiver, if appropriate. Proof of residency should also be entered at this time. When using the Transfer From Out Of State Wizard (TOS), proof of identity and proof of residency documentation are entered on the TOS tab.

Periodic KWIC Tasks-Vendor Complaints Pending Report

Patrice Thomsen, WIC Program Consultant

You received a handout titled, “Periodic KWIC Tasks” in the Reports session at the 2005 WIC Technical Meeting. We have identified one more item for the monthly task list.



In the Local Vendor Management application there is a Vendor Complaints Pending report. This item should be generated monthly to be sure there are no pending complaints against vendors. Complaints are usually addressed immediately, so this report will be blank or perhaps contain a complaint that was just recorded. However, reviewing this report ensures no complaint against a vendor gets overlooked.

As a reminder, complaints against vendors may be recorded in Client Services (by any WIC staff) or in Local Vendor Management (by staff with Local Vendor security). When complaints against vendors are recorded, be sure to make complete notes in KWIC similar to those that would be written on the complaint form used for other types of complaints.

Include information such as the name of the person making the complaint, contact information, date of the event, and other pertinent details. To close a complaint, WIC staff should use the Vendor Complaints Management Wizard in the Local Vendor Application.

Helping Women Consider Breastfeeding

Pat Dunavan, Nutrition Education Specialist

Many studies have shown that most women enrolled in the WIC Program are familiar with the benefits of breastfeeding. Yet many mothers choose not to breastfeed because of perceived barriers such as fear of pain, embarrassment, lack of support from friends and family, lack of confidence, return to work issues, or cultural misconceptions. If the counselor does not address these concerns, a discussion of the advantages of breastfeeding will be in vain.

The focal point of the counseling session should not be the benefits of breastfeeding, but should focus on identifying a woman's concerns about breastfeeding, acknowledging the concerns as genuine, and then providing education on related topics. Sample counseling topics might include: how to convince family members that breastfeeding is best; how to breastfeed discreetly in public; how to make enough milk.

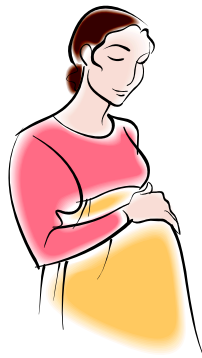
Counseling may occur during the woman's certification visit and at nutrition education classes, or at individual counseling sessions. It may take several encounters before a woman decides to choose breastfeeding.

The Stages of Change Model on education is widely accepted as an effective tool for lifestyle change intervention. You can apply the Stages of Change Model to breastfeeding counseling to estimate where a woman is in her readiness to consider breastfeeding and counsel appropriately. Remember, focusing on the benefits of breastfeeding is not the most effective way to convince a woman to breastfeed. Only when you can meet the woman where she is in her readiness to change, will you see true progress.

Following is a table showing how the stages of change can be applied to breastfeeding counseling:

Considering Breastfeeding (continued)

| Stages of Change | Counseling Technique |
|--|--|
| Precontemplation. A woman who is in the precontemplation stage is not ready for change. She is not considering change and she gets tired of being told to change. She may be aware of the risks of not breastfeeding to her health and her child's. She may have unresolved concerns about breastfeeding and will not be able to move to the next stage of change until her concerns are addressed. | Initiate a conversation about infant feeding with "What have you heard about breastfeeding?" and encourage the woman to express any concerns she may have. Acknowledging the woman's concerns are valid with compassion, understanding, and acceptance is critical to move the woman to consider breastfeeding. An example of this might be: "Your mom told you that breastfeeding hurts? A lot of women have heard that. I can see why you haven't considered breastfeeding." Once you acknowledge her concerns, she may be more open to receiving education regarding that concern and the health benefits of breastfeeding. |
| Contemplation. A woman in the contemplation stage is aware of the benefits of breastfeeding or the health risks associated with not breastfeeding. She may be considering breastfeeding, not necessarily with the pregnancy. Without some form of "teachable moment" or emotional connection, she may stay at this stage for a long time. | An example of a teachable moment that may be effective in moving her to the next stage: Her mother was recently diagnosed with diabetes or suffers from a serious diabetes-related health concern. She is informed that breastfeeding may reduce her child's risk of developing diabetes. |
| Preparation. She is planning to breastfeed her baby and will tell others about her intent to breastfeed. | Congratulate her on her decision to breastfeed. Expand on the many benefits of breastfeeding to reinforce her decision. |
| Action. She is currently breastfeeding. She may initiate breastfeeding but wean early due to difficulties. Or she may be overwhelmed, fatigued, and encounter breastfeeding difficulties, but is willing to try and overcome the obstacles. | Provide her with phone numbers and resources for breastfeeding help to enable her to have a successful experience. Congratulate her on her efforts to breastfeed if she only breastfed for a short time. |
| Maintenance. She successfully breastfeeds for many months. She breastfeeds subsequent children with no consideration of artificial feeding. Breastfeeding has become the infant feeding norm for her. | Congratulate her on her success with breastfeeding. Consider recruiting her as a peer counselor. |





FLEX Time at Your Desk

Patrice Thomsen, WIC Program Consultant

Nope, this article is not about rearranging your workdays to meet your life needs. It is about helping you release some of the tension you develop sitting at your desk while doing all your WIC work!

Ideally you would be able to get away from your desk to take a break, stretch and move. Sometime you can't. Take two or three minutes and treat yourself to a mini-workout at your desk. Always remember to breathe deeply and stretch slowly without bouncing. Don't do something if it hurts!

While sitting in your chair, you can:

- Gently and slowly circle your ankles and wrists.
- Flex and point you feet.
- Lift your heels off the floor and lower them back down again. Repeat several times.
- Rotate your shoulders.
- Make tight "fists" with your hands and feet, and then relax them.
- Hold a small foam ball, squeezing and releasing it to work the muscles in your hand. (If your attended WIC Technical Meeting in 2005, use the fruit/vegetable "stress ball" you received at the meeting.)
- Close your eyes for a minute and relax your neck by letting it gently lower forward, then to each side.
- Tighten and release your buttock muscles.
- Straighten your leg from the knee and lower it back again. Repeat several times with both legs.

Here are a few more ideas to try while sitting in your chair:

Back Relaxer – Lower your head and slowly curl your spine forward toward the floor as far as you can. Hold for 10 seconds. Unwind slowly, allowing the spine to gently uncurl. Do this several times throughout your workday.

Side stretch – With one hand, hold the seat of your chair below your hip. With your other hand, slowly reach toward the floor as if you were picking something up, allowing your body to slowly fall to the side opposite the side you are holding. Hold for 10 seconds and switch sides. Repeat several times.

Reaching high – Raise your arms over your head. Stretch as high as you can so you feel the stretch from your abdomen. Hold for 10 seconds. Bring your arms down, relax and repeat.

Even if you can't get away from your desk, stand up whenever possible to stretch your legs and back. You might stand while reading your mail or talking on the phone. (This doesn't replace the relaxing and circulation that improves with a brisk walk on a break.)



Local Agency News

We welcome these new employees to WIC:

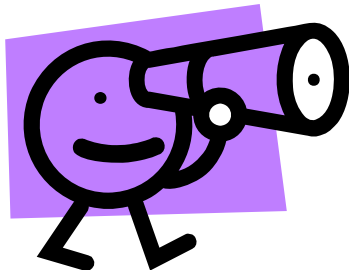
Ford County: Jessica Botello, Clerk
Pratt County: Cindy Autry, RN
Sedgwick County: Diana Garza, RN
Sedgwick County: Susan Manning, RD
Shawnee County: Diane Moore, RN
Shawnee County: Amber Glenn, RD
Sheridan County: Lisa Splattstoesser, Breastfeeding Peer Counselor
Wyandotte County: Sue Martin, RD
Wyandotte County: Sara Cox, RD



We say farewell to these WIC friends:

Cherokee County: Becky Curry, RN
Ford County: Stephanie Flores, Clerk
Johnson County: Rachelle Bourne, Clerk

Congratulations to Betha (Williams) Elliott, Cherokee County, on her recent marriage.



Check This Out!

Pat Dunavan, Nutrition Education Specialist

Here are some new resources for your file. Be sure to check these Web sites out very soon!

<http://cdlhn.com/default.htm>. The Public Health Café is an online resource offering informative webcasts for healthcare professionals. Each webcast is approximately 15-30 minutes in length. Topics have included foodborne illness reporting, technology assessment and workplace health challenges. Go to the Web site, and click on Public Health Care on the left hand side of the page. Scroll down the topics to review all of the excellent information available at this Web site. Increase your expertise on a number of topics in 15 to 30 minutes of viewing these webcasts!

Looking for resources for MyPyramid? Then check out these two sites. The first includes handouts and coloring sheets for children. The second has Power Point presentations that may be downloaded and adapted for nutrition education. Update your resource library now!

<http://fyics.ifas.ufl.edu/pyramid/index.htm> and <http://lancaster.unl.edu.food/resources.htm>.

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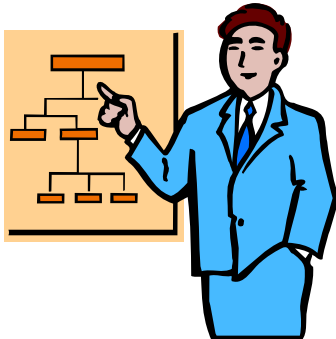
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USDA, Washington, DC.*

WE'RE ON THE WEB!
WWW.KDHE.STATE.KS.US/NWS-WIC



Growing healthy Kansas families



WIC At A Glance

Current information as of July 2005

(summarized on August 7, 2005)

Statewide Participation: 68,210 clients

Food Dollars Spent for the Month (approximate): \$3,344,439